

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)   |   |   |   |                    |            | Docket Number (Optional)<br>082377-000000US  |  |
|--|---|---|---|--------------------|------------|--|--|
|  |   |   | In re Application of Nishimoto, I.                    |                    |            |  |  |
|  |   |   | Applica   | ation Number       | 10/088,724 | Filed June 14, 2002                          |  |
|  |   |   | For HUMANIN, A POLYPEPTIDE SUPPRESSING NEURONAL DEATH |                    |            |  |  |
|  |   |   | Art Unit 1646 Examiner Chernyshev, Olga N.            |                    |            |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |   |   |   |                    |            |  |  |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired):   |   |   |   |                    |            |  |  |
| ☐ One month (37 CFR  |   |   | 1.17(a)(1)) \$  |                    |            | \$   |  |
| ☐ Two months (37 CFI   |   |   | R 1.17(a  | t 1.17(a)(2))      |            | \$   |  |
|  |   |   |   | . 1.17(a)(3))      |            | \$950  |  |
| ☐ Four months (37 CF   |   |   | R 1.17(a  | 1.17(a)(4))        |            | \$   |  |
|  |   | Five months (37 CFR 1.17(a)(5))   |   |                    |            | \$   |  |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ .                              |   |   |   |                    |            |  |  |
|  | A check in the amount of the fee is enclosed. |   |   |                    |            |  |  |
| Payment by credit card. Form PTO-2038 is attached.   |   |   |   |                    |            |  |  |
| ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.  |   |   |   |                    |            |  |  |
| ☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.                                      |   |   |   |                    |            |  |  |
|  | I have  | enclosed a duplicate  | copy of   | opy of this sheet. |            |  |  |
| I am the 🗌   |   | applicant/inventor.   |   |                    |            |  |  |
|  |   | ssignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |   |                    |            |  |  |
| $\boxtimes$  |   | attorney or agent of record Registration Number 44,743  |   |                    |            |  |  |
| ·  |   | attorney or agent un  | der 37 C  | CFR 1.34(a).       |            | ·  |  |
| ŀ  |   | Registration number if ac   | ting under  | 37 CFR 1.34(a).    | ·          |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |   |   |   |                    |            |  |  |
| September 16, 2004   |   |   | •   |                    | <u> </u>   | ( IT Nama)                                   |  |
|  |   | Date  |   |                    | ()         | Signature<br>Joel M. Harris, Reg. No. 44,743 |  |
|  |   |   |   |                    |            | Typed or printed name                        |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more                       |   |   |   |                    |            |  |  |
| than one signature is required, see below*.  Total of forms are submitted.   |   |   |   |                    |            |  |  |
| Total of official obstraited.  |   |   |   |                    |            |  |  |

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